

State of Hawaii  
Department of Health  
Developmental Disabilities Division  
Case Management and Information Services Branch

## **Request for Proposals**

**RFP No. 501-3**

### **LONG-TERM ADULT SUPPORTS AND RESOURCES**

November 2005

Note: If this RFP was downloaded from the State Procurement Office RFP Website each applicant must provide contact information to the RFP contact person for this RFP to be notified of any changes. For your convenience, an [RFP Interest form](#) may be downloaded to your computer, completed and e-mailed or mailed to the RFP contact person. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

November 29, 2005

## **REQUEST FOR PROPOSALS**

### **LONG-TERM ADULT SUPPORTS AND RESOURCES**

The Department of Health, Developmental Disabilities Division, Case Management and Information Services Branch, is requesting proposals from qualified applicants to provide Long-term Adult Supports and Resources (LASR) services to eligible adults with developmental disabilities/mental retardation statewide. The contract term will be from July 1, 2006 through June 30, 2011. Single and multiple contracts will be awarded under this request for proposals.

Proposals shall be mailed and postmarked by the United State Postal Service on or before February 3, 2006, or hand delivered no later than 4:30 p.m., Hawaii Standard Time (HST), on February 3, 2006, at the drop-off sites designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

The Developmental Disabilities Division will conduct an orientation on December 13, 2005 from 10:30 a.m. to 12:00 noon HST, at the Diamond Head Health Center, 3627 Kilauea Avenue, Room 110, Honolulu, Hawaii. All prospective applicants are encouraged to attend the orientation. For the neighbor islands and elsewhere, the orientation will be conducted via telephone conference. Phone 1-866-896-5801 and enter conference code 1-808-733-9172.

The deadline for submission of written questions is 4:30 p.m., HST, on December 22, 2005. All written questions will receive a written response from the State on or about January 6, 2006.

Inquiries regarding this RFP should be directed to the RFP contact person, Ms. Margery Sheehan at 3627 Kilauea Avenue, Room 109, Honolulu, Hawaii 96816, telephone: (808) 733-9177, fax: (808) 733-9182, e-mail: [marge.sheehan@doh.hawaii.gov](mailto:marge.sheehan@doh.hawaii.gov).

## PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

<b>ONE ORIGINAL AND 4 COPIES OF THE PROPOSAL ARE REQUIRED</b>
---

**ALL MAIL-INS MUST BE POSTMARKED BY UNITED STATES POSTAL SERVICE (USPS)  
NO LATER THAN  
February 3, 2006**

### **All Mail-ins**

Department of Health  
Developmental Disabilities  
Division  
Case Management and  
Information Services  
Branch  
3627 Kilauea Avenue,  
Room 109  
Honolulu, Hawaii 96816

### **DOH RFP COORDINATOR**

Margery Sheehan  
For further info. or inquiries

Phone: (808) 733-9177  
Fax: (808) 733-9182

### **Drop-off Site**

All hand deliveries will be accepted at the Department of Health, DDD, CMISB, Diamond Head Health Center, 3627 Kilauea Avenue, Room 109, Honolulu, Hawaii until **4:30 P.M., Hawaii Standard Time (HST) February 3, 2006.**

**BE ADVISED:** All mail-ins postmarked by USPS after **February 3, 2006**, will be rejected.

Hand deliveries will **not** be accepted after **4:30 p.m., HST, February 3, 2006.**

Deliveries by private mail services such as FEDEX shall be considered hand deliveries and will not be accepted if received after **4:30 p.m., HST, February 3, 2006.**

# RFP Table of Contents

## Section 1 Administrative Overview

I.	Authority .....	1-1
II.	RFP Organization .....	1-1
III.	Contracting Office .....	1-1
IV.	Procurement Timetable.....	1-2
V.	Orientation .....	1-2
VI.	Submission of Questions .....	1-3
VII.	Submission of Proposals .....	1-3
VIII.	Discussions with Applicants.....	1-6
IX.	Opening of Proposals.....	1-6
X.	Additional Materials and Documentation.....	1-6
XI.	RFP Amendments.....	1-6
XII.	Final Revised Proposals.....	1-6
XIII.	Cancellation of Request for Proposals .....	1-7
XIV.	Costs for Proposal Preparation .....	1-7
XV.	Provider Participation in Planning.....	1-7
XVI.	Rejection of Proposals .....	1-7
XVII.	Notice of Award .....	1-8
XVIII.	Protests.....	1-8
XIX.	Availability of Funds .....	1-9
XX.	Monitoring and Evaluation.....	1-9
XXI.	General and Special Conditions of the Contract.....	1-9
XXII.	Cost Principles .....	1-9

## Section 2 - Service Specifications

I.	Introduction.....	2-1
A.	Overview, Purpose or Need .....	2-1
B.	Description of the Goals of the Service .....	2-1
C.	Description of the Target Population to be Served.....	2-2
D.	Geographic Coverage of Service .....	2-2
E.	Probable Funding Amounts, Source, and Period of Availability.....	2-2
II.	General Requirements .....	2-2
A.	Specific Qualifications or Requirements .....	2-2
B.	Secondary Purchaser Participation .....	2-3
C.	Multiple or Alternate Proposals .....	2-4
D.	Single or Multiple Contracts to be Awarded.....	2-4
E.	Single or Multi-Term Contracts to be Awarded .....	2-4
F.	RFP Contact Person .....	2-4
III.	Scope of Work .....	2-5

	A.	Service Activities .....	2-5
	B.	Management Requirements.....	2-6
IV.		Facilities .....	2-10
V.		Acknowledgement.....	2-10

### **Section 3 - Proposal Application Instructions**

		General Instructions for Completing Applications .....	3-1
I.		Program Overview.....	3-1
II.		Experience and Capability .....	3-2
	A.	Necessary Skills.....	3-2
	B.	Experience.....	3-2
	C.	Quality Assurance and Evaluation .....	3-2
	D.	Coordination of Services .....	3-2
	E.	Facilities .....	3-3
III.		Project Organization and Staffing .....	3-3
	A.	Staffing .....	3-3
	B.	Project Organization .....	3-3
IV.		Service Delivery .....	3-3
V.		Financial.....	3-4
	A.	Pricing Structure .....	3-4
	B.	Other Financial Related Materials.....	3-5
VI.		Other .....	3-5
	A.	Litigation .....	3-5

### **Section 4 – Proposal Evaluation**

I.		Introduction.....	4-1
II.		Evaluation Process .....	4-1
III.		Evaluation Criteria .....	4-2
	A.	Phase 1 – Evaluation of Proposal Requirements .....	4-2
	B.	Phase 2 – Evaluation of Proposal Application .....	4-2
	C.	Phase 3 – Recommendation for Award .....	4-5

### **Section 5 – Attachments**

Attachment A.	Competitive Proposal Application Checklist
Attachment B.	Sample Proposal Table of Contents
Attachment C.	Sample Actual Expenditure Report and Instructions

# **Section 1**

## **Administrative Overview**

# Section 1

## Administrative Overview

**Applicants are encouraged to read each section of the RFP thoroughly. While sections such as the administrative overview may appear similar among RFPs, state purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of each RFP.**

### I. Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS), Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

### II. RFP Organization

This RFP is organized into five sections:

**Section 1, Administrative Overview**--Provides applicants with an overview of the procurement process.

**Section 2, Service Specifications**--Provides applicants with a general description of the tasks to be performed, delineates applicant responsibilities, and defines deliverables (as applicable).

**Section 3, Proposal Application Instructions**--Describes the required format and content for the proposal application.

**Section 4, Proposal Evaluation**--Describes how proposals will be evaluated by the state purchasing agency.

**Section 5, Attachments** --Provides applicants with information and forms necessary to complete the application.

### III. Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent

operations, and monitoring and assessing provider performance. The Contracting Office is:  
Developmental Disabilities Division, Case Management and Information Services Branch

---

Department of Health  
State of Hawaii 3627 Kilauea Avenue, Room 411  
Honolulu, Hawaii 96816

---

Phone (808) 733-9167 Fax: (808) 733-9841

---

#### IV. Procurement Timetable

**Note that the procurement timetable represents the State's best estimated schedule. Contract start dates may be subject to the issuance of a notice to proceed.**

Activity	Scheduled Date
Public notice announcing RFP	<u>11/29/2005</u>
Distribution of RFP	<u>11/29/2005</u>
RFP orientation session	<u>12/13/2005</u>
Closing date for submission of written questions for written responses	<u>12/22/2005</u>
State purchasing agency's response to applicants' written questions	<u>01/06/2006</u>
Discussions with applicant prior to proposal submittal deadline (optional)	<u>11/29/2005-01/27/2006</u>
Proposal submittal deadline	<u>02/03/2006</u>
Discussions with applicant after proposal submittal deadline (optional)	<u>02/06/2006-02/13/2006</u>
Final revised proposals (optional)	<u>02/22/2006</u>
Proposal evaluation period	<u>03/01/2006-03/10/2006</u>
Provider selection	<u>03/13/2006-03/17/2006</u>
Notice of statement of findings and decision	<u>03/20/2006-03/23/2006</u>
Contract start date	<u>07/01/2006</u>

#### V. Orientation

An orientation for applicants in reference to the request for proposals will be held as follows:

**Date:** December 13, 2005 **Time:** 10:30 a.m. to 12 noon

**Location:** Diamond Head Health Center, 3627 Kilauea Avenue, Room 110, Honolulu, Hawaii

---



The orientation will also be accessible via telephone conference for applicants who are interested in the orientation but are not able to attend. **Applicants can call 1-866-896-5801, and enter conference code 1-808-733-9172.**

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted at the orientation and spontaneous answers provided at the state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the next paragraph (VI. Submission of Questions).

## **VI. Submission of Questions**

Applicants may submit questions to the RFP Contact Person identified in Section 2 of this RFP. All written questions will receive a written response from the state purchasing agency.

Deadline for submission of written questions:

**Date:** December 22, 2005 **Time:** 4:30 p.m. HST

State agency responses to applicant written questions will be provided on or about:

**Date:** January 6, 2006

## **VII. Submission of Proposals**

A. **Forms/Formats** - Forms, with the exception of program specific requirements, may be found on the State Procurement Office website at: [www.spo.hawaii.gov](http://www.spo.hawaii.gov), click Procurement of Health and Human Services and For Private Providers. Refer to the Proposal Application Checklist for the location of program specific forms.

1. **Proposal Application Identification (Form SPO-H-200)** - Provides identification of the proposal.
2. **Proposal Application Checklist** – Provides applicants with information on where to obtain the required forms; information on program specific requirements; which forms are required and the order in which all components

should be assembled and submitted to the state purchasing agency.

3. **Table of Contents** - A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.
4. **Proposal Application (Form SPO-H-200A)** - Applicant shall submit comprehensive narratives that addresses all of the issues contained in the Proposal Application Instructions, including a cost proposal/budget if required. (Refer to Section 3 of this RFP.)
5. **Registration Form (SPO-H-100A)** – If applicant is not registered with the State Procurement Office (business status), this form must be submitted with the application. If applicant is unsure as to their registration status, they may check the State Procurement Office website at: <http://www.spo.hawaii.gov>, click Procurement of Health and Human Services, and For Private Providers and Provider Lists...The List of Registered Private Providers for Use with the Competitive Method of Procurement or call the State Procurement Office at (808) 587-4706.
6. **Tax Clearance** – A certified copy of a current valid tax clearance certificate issued by the State of Hawaii, Department of Taxation (DOTAX) and the Internal Revenue Service (IRS) will be required either at the time of proposal submittal or upon notice of award at the discretion of the purchasing agency.

Refer to Section 4, item III.A.1, Administrative Requirements, and the Proposal Application Checklist to see if the tax clearance is required at time of proposal submittal. The tax clearance application may be obtained from the Department of Taxation website at [www.hawaii.gov/tax/tax.html](http://www.hawaii.gov/tax/tax.html).

- B. **Program Specific Requirements** - Additional program specific requirements are included in Sections 2 and/or 3, Service Specifications and the Proposal Application Instructions, as applicable. If Federal and/or State certifications are required, they are listed on the Proposal Application Checklist.

- C. **Multiple or Alternate Proposals** - Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2 of this RFP. In the event alternate proposals are not accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.
- D. **Proposal Submittal** - Proposals must be postmarked by USPS or hand delivered by the date and time designated on the Proposal Mail-In and Delivery Information Sheet attached to this RFP. Any proposal post-marked or received after the designated date and time shall be rejected. Note that postmarks must be by United States Postal Service or they will be considered hand-delivered and shall be rejected if late. The number of copies required is located on the Proposal Mail-In and Delivery Information Sheet. **Faxed proposals and/or submission of proposals on diskette/cd or transmission by e-mail, website or other electronic means is not permitted.**
- E. **Wages and Labor Law Compliance** - Before a provider enters into a service contract in excess of \$25,000, the provider shall certify that it complies with section 103-55, HRS, Wages, hours, and working conditions of employees of contractors performing services. Section 103-55, HRS may be obtained from the Hawaii State Legislature website at <http://www.capitol.hawaii.gov/>. Or go directly to: [http://www.capitol.hawaii.gov/hrscurrent/Vol02\\_Ch0046-0115/HRS0103/HRS\\_0103-0055.htm](http://www.capitol.hawaii.gov/hrscurrent/Vol02_Ch0046-0115/HRS0103/HRS_0103-0055.htm)
- F. **Confidential Information** – If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.

**Note that price is not considered confidential and will not be withheld.**

## **VIII. Discussions with Applicants**

- A. Prior to Submittal Deadline.** Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements.
- B. After Proposal Submittal Deadline -** Discussions may be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance section 3-143-403, HAR.

## **IX. Opening of Proposals**

Upon receipt of proposal by a state purchasing agency at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped, and when possible, time-stamped. All documents so received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

## **X. Additional Materials and Documentation**

Upon request from the state purchasing agency, each applicant shall submit any additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

## **XI. RFP Amendments**

The State reserves the right to amend this RFP at any time prior to the closing date for the final revised proposals.

## **XII. Final Revised Proposals**

The applicant's final revised proposal, as applicable to this RFP, must be postmarked or hand delivered by the date and time specified by the state purchasing agency. Any final revised proposal post-marked or received after the designated date and time shall be rejected. If a final revised proposal is not submitted, the previous submittal shall be construed as their best and final offer/proposal. The applicant shall

submit **only** the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPO-H-200). After final revised proposals are received, final evaluations will be conducted for an award.

### **XIII. Cancellation of Request for Proposal**

The request for proposal may be cancelled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interests of the State.

### **XIV. Costs for Proposal Preparation**

Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

### **XV. Provider Participation in Planning**

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the state purchasing agency's release of a request for proposals, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals if conducted in accordance with sections 3-142-202, 3-142-203 and 3-143-618 of the Hawaii Administrative Rules for Chapter 103F, HRS.

### **XVI. Rejection of Proposals**

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

A proposal may be automatically rejected for any one or more of the following reasons: (Relevant sections of the Hawaii Administrative Rules for Chapter 103F, HRS, are parenthesized)

- (1) Rejection for failure to cooperate or deal in good faith. (Section 3-141-201, HAR)
- (2) Rejection for inadequate accounting system. (Section 3-141-202, HAR)
- (3) Late proposals (Section 3-143-603, HAR)

- (4) Inadequate response to request for proposals (Section 3-143-609, HAR)
- (5) Proposal not responsive (Section 3-143-610 (1), HAR)
- (6) Applicant not responsible (Section 3-143-610 (2), HAR)

## **XVII. Notice of Award**

A statement of findings and decision shall be provided to all applicants by mail upon completion of the evaluation of competitive purchase of service proposals.

Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.

No work is to be undertaken by the awardee prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

## **XVIII. Protests**

Any applicant may file a protest against the awarding of the contract. The Notice of Protest form, SPO-H-801, is available on the SPO website (see the Proposal Application Checklist in Section 5 of this RFP. Only the following matters may be protested:

- (1) A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;
- (2) A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and
- (3) A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

The Notice of Protest shall be mailed by USPS or hand delivered to the head of the state purchasing agency conducting the protested procurement and the procurement officer who is conducting the procurement (as indicated below) within five working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and

considered submitted on the date of actual receipt by the state purchasing agency.

<b>Head of State Purchasing Agency</b>	<b>Procurement Officer</b>
Name: Michael Tamanaha	Name: Margery Sheehan
Title: Chief, CMISB	Title: Supervisor, CRDS
Mailing Address: 3627 Kilauea Ave. Room 109, Honolulu, HI 96816	Mailing Address: 3627 Kilauea Ave. Room 109, Honolulu, HI 96816
Business Address: same as above	Business Address: same as above

### **XIX. Availability of Funds**

The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawaii, pursuant to Chapter 37, HRS, and subject to the availability of State and/or Federal funds.

### **XX. Monitoring and Evaluation**

The criteria by which the performance of the contract will be monitored and evaluated are:

- (1) Performance/Outcome Measures
- (2) Output Measures
- (3) Quality of Care/Quality of Services
- (4) Financial Management
- (5) Administrative Requirements

### **XXI. General and Special Conditions of Contract**

The general conditions that will be imposed contractually are on the SPO website. (See Section 5, Proposal Application Checklist for the address). Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

### **XXII. Cost Principles**

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under Chapter 103F, HRS, state purchasing agencies will utilize standard cost principles outlined in Form SPO-H-201 which is available on the SPO

website (see section 5, the Proposal Application Checklist). Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.



# **Section 2**

## **Service Specifications**

## **Section 2**

### **Service Specifications**

#### **I. Introduction**

##### **A. Overview, purpose or need**

In accordance with Chapter 333F, Hawaii Revised Statutes (HRS), the Department of Health (DOH), Developmental Disabilities Division (DDD), is responsible for developing, administering, coordinating and setting direction for a comprehensive system of supports and services for persons with developmental disabilities or mental retardation. The purpose of this RFP is to procure services for individuals with Developmental Disabilities/Mental Retardation (DD/MR) eligible for services under Chapter 333F, HRS.

Long-term supports for adults who do not qualify for Title XIX services have been identified as a core service. Currently, about 108 individuals statewide rely on POS funding for "long-term" supports, i.e., a "full-time" day program offered by the Person-Centered Adult Supports (PCAS) contract. These long-term, full-time supports become crucial for individuals who have aged out of the Department of Education (DOE).

In September 2005, DDD conducted community input meetings for individuals and families on the future of POS. Although the majority of individuals and families at the DDD's community input meetings receive services from the Medicaid Waiver, the following themes from individuals and families emerged: the State should assure services to individuals who do not qualify for Medicaid, assure the health and safety of individuals, and allow for flexibility of services.

Acknowledging the themes that were discussed in the community input meetings, DDD will procure Long-term Adult Supports and Resources (LASR) beginning July 1, 2006.

A Request for Information was completed in October 2005.

##### **B. Description of the goals of the service**

LASR shall provide person-centered, individualized supports that enhance the individual's living in the community, defined as

participation, partnership, and involvement in activities that increase (1) natural supports for the individual, (2) knowledge of the individual's community, (3) opportunities for the individual to contribute to the community, and (4) the individual's independence in the community.

**C. Description of the target population to be served**

The target population for LASR shall be adults with DD/MR who have been determined eligible, pursuant to Chapter 333F-2, HRS, by the DDD intake staff. Adults shall be defined as individuals eighteen (18) years of age or older who have exited the DOE. In accordance with Chapter 333F-2 (e), HRS, "Only those individuals eligible for community services but not eligible for medicaid waiver services or other federally reimbursed programs or for whom such services are not appropriate or not available based on their individualized service plans shall receive services and supports with one hundred percent state funds."

**D. Geographic coverage of service**

Service areas for this RFP consist of the islands of Oahu, Kauai, Maui, Molokai, Lanai and Hawaii. The applicant may submit a proposal to serve any one or more of these areas. The applicant shall demonstrate actual capacity to provide the required services, including the ability to provide the organizational and administrative oversight of the service delivery within the geographic area(s).

**E. Probable funding amounts, source, and period of availability**

Approximate STATE Funding:

FY 2007:	1 million
FY 2008:	1 million
FY 2009:	1 million
FY 2010:	1.1 million
FY 2011:	1.1 million

Subject to the availability of STATE funds.

## **II. General Requirements**

**A. Specific qualifications or requirements, including but not limited to licensure or accreditation**

The PROVIDER shall develop, maintain, and comply with policies and procedures that meet STATE standards on the following:

- a. Annual criminal history checks for all staff that have direct contact with LASR individuals admitted to the LASR Program according to STATE Standards;
- b. Confidentiality of LASR individuals' records pursuant to Chapter 333F-8 (a) (9), HRS;
- c. Admission and discharge policies for individuals in the LASR Program;
- d. Rights of individuals with DD/MR that include:
  - 1. Being treated with understanding, dignity, and respect;
  - 2. Being free from exploitation, neglect, and abuse;
  - 3. Receiving individually defined and appropriate supports;
  - 4. Privacy and confidentiality including privacy in treatment and in personal care;
  - 5. Freedom of choice of supports;
  - 6. Receiving information that defines the grievance and appeals processes;
- e. Grievance processes, including appeals for any denial of supports to individuals;
- f. Protocols for general health and safety issues, including adverse event reporting;
- g. Reporting alleged abuse and neglect incidents within the purview of Chapter 346, HRS, regarding Adult Protective Services and Chapter 350, HRS, regarding Child Protective Services, Department of Human Services;
- h. Emergency management procedures;
- i. Maintenance of fiscal, programmatic, and administrative records pertaining to services provided; and
- j. Compliance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") is the responsibility of the PROVIDER. PROVIDER shall insure that "protected health information" pursuant to 45 CFR §160.103 remains protected for the HIPAA requirements.

**B. Secondary purchaser participation**  
(Refer to §3-143-608, HAR)

After-the-fact secondary purchases will be allowed.

No Secondary purchases planned

**C. Multiple or alternate proposals**

(Refer to §3-143-605, HAR)

☒ Allowed☐ Unallowed

Multiple or alternate proposals must be in physically separate proposals

**D. Single or multiple contracts to be awarded**

(Refer to §3-143-206, HAR)

☐ Single☐ Multiple☒ Single & Multiple

Criteria for single and multiple awards: contract will be awarded as needed for Statewide services.

**E. Single or multi-term contracts to be awarded (Refer to §3-149-302, HAR)**☐ Single term ( $\leq$  2 yrs.)☒ Multi-term ( $>$  2 yrs.)

Contract terms:

A five (5) year contract is planned, covering the period July 1, 2006 through June 30, 2011. The contract may be extended for not more than one (1) additional twelve (12) month period, without resolicitation, upon mutual agreement in writing at least sixty (60) days prior to the expiration of the contract and the execution of a supplemental contract. The contract may be extended provided that the contract price shall remain the same or is adjusted per any contract price adjustment provision. The initial period shall commence on the contract start date or Notice to Proceed, whichever is later.

**F. RFP contact person**

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the successful provider or providers. Written questions should be submitted to the RFP contact person and received on or before the day and time specified in Section I, Item IV (Procurement Timetable) of this RFP.

Contact person: Margery Sheehan at (808) 733-9177 or FAX (808) 733-9182 or [marge.sheehan@doh.hawaii.gov](mailto:marge.sheehan@doh.hawaii.gov)

### III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

#### A. Service Activities

(Minimum and/or mandatory tasks and responsibilities)

##### Goal of Service

LASR shall provide person-centered, individualized supports that enhance the individual's living in the community, defined as participation, partnership, and involvement in activities that increase (1) natural supports for the individual, (2) knowledge of the individual's community, (3) opportunities for the individual to contribute to the community, and (4) the individual's independence in the community.

##### Service Activities

LASR shall provide cost effective and individualized supports for the target population. Supports may be provided in a facility based or community based setting or a combination of both. Full-time facility based supports are equal to a minimum of thirty (30) hours of support per week. Part-time facility based supports are equal to a minimum of fifteen (15) hours of support per week. Community based supports shall be based on the unit rate set by the STATE.

1. The PROVIDER shall ensure that the supports are individualized, person-centered, and meet the goal of LASR.
2. The PROVIDER shall accept all referrals from the STATE up to the maximum FTE set by the STATE.
3. The PROVIDER shall contact the STATE case manager within fifteen (15) days of the individual's admission into the LASR program.
4. The PROVIDER shall develop, write, and implement a LASR plan within thirty (30) days of admission. The admission date shall be the date the PROVIDER receives the Referral, Admission, and Discharge (RAD) Form from the DDD staff.
5. The LASR plan shall be developed based on discussion with the individual, family and/or guardian, circle of supports, and other person(s) chosen by the individual to be part of the planning process, and the STATE case manager.
6. The LASR plan shall be goal oriented and describe objectives and activities that will be provided. The written plan shall include, but is not limited to:
  - a. Annual goal/outcome;
  - b. Objectives and activities to reach goal/outcome including measurement and timelines;

- c. Responsible people to accomplish plan;
  - d. Documentation that individual, family and/or guardian, STATE case manager and PROVIDER staff provided input, if any, and agreed with the plan.
- 7. The LASR plan shall be updated with the individual, the individual's family and/or guardian, and the STATE case manager, at least quarterly.
- 8. LASR objectives and activities may include, but are not limited to, the following:
  - a. Practicing skills in personal care activities such as brushing teeth, dressing, grooming, toileting, and eating;
  - b. Building communication skills;
  - c. Making new friends and developing new relationships;
  - d. Establishing the opportunity to participate in:
    - i. Activities, which increase independence and interdependence;
    - ii. Prevocational skill building;
    - iii. Activities that produce income;
    - iv. Educational activities;
    - v. Volunteer work;
    - vi. Senior activities;
  - e. Exploring work opportunities and work interests;
  - f. Exploring leisure and recreational activities;
  - g. Increasing opportunities to make a valued contribution to the community;
  - h. Making choices in order to pursue paths that match the PARTICIPANT'S interests and skills;
  - i. Increasing community exploration that aids in the familiarity with and the use of community resources and participation in community activities;
  - j. Increasing the skills necessary to perform typical daily activities such as shopping, banking, using the telephone, paying bills, budgeting, and cooking.

## **B. Management Requirements (Minimum and/or mandatory requirements)**

### **1. Personnel**

- a. The PROVIDER shall have a program coordinator with a bachelor's degree in social sciences or education or a bachelor's degree in another field plus one (1) year of verifiable experience working directly with individuals with disabilities or the elderly, to directly oversee the LASR contract.

- b. Qualified direct support workers shall be defined as the workers with satisfactory skills as verified and documented by the program coordinator.
- c. The PROVIDER shall provide sufficient staff-to-client ratio of qualified staff for LASR supports that ensures:
  - i. An environment of health and safety.
  - ii. LASR supports are individualized and person-centered in service delivery.
  - iii. Achievement of individual goals and outcomes.
- d. The PROVIDER shall ensure that all program staff receive training:
  - i. At the start of the contract period to inform staff of the contract requirements and during orientation of new staff.
  - ii. At least once every two (2) years on topics related to DD/MR. The training shall be determined and arranged by the PROVIDER.

## **2. Administrative**

The PROVIDER shall have administrative support staff to provide reporting, provide record keeping, provide disbursement, and provide other program requirement functions.

## **3. Quality assurance and evaluation specifications**

- a. The PROVIDER shall have a quality assurance and evaluation program.
- b. The quality assurance and evaluation program shall be agency directed and reflect what the organization independently uses to monitor, evaluate, and improve the services delivered.
- c. The PROVIDER shall develop and implement a satisfaction survey as part of the agency's quality assurance and evaluation program.



#### **4. Output and performance/outcome measurements**

The PROVIDER shall report output, performance, and outcome measurements to the DDD on a quarterly basis utilizing the DDD's LASR Agency Tracking Form. The PROVIDER shall also submit quarterly and annual written program reports to the DDD.

#### **5. Experience**

- a. Knowledge of target population, e.g., DD/MR;
- b. Past experience in person-centered, individualized service delivery approach;
- c. Roles of individuals with DD/MR, parents, families, and advocates in provider organization;
- d. Past experiences in provision of POS and/or Medicaid Waiver services, how long, brief synopsis of monitoring reports and satisfaction surveys.

#### **6. Coordination of services**

- a. Describe how PROVIDER works with community. Give one (1) example of a project and/or initiative that increased community visibility of individuals with DD/MR;
- b. Describe PROVIDER's access to generic community resources. Give one (1) example of a generic community resource that the PROVIDER has developed a relationship with, which resulted in "easy" access for individuals with DD/MR.

#### **7. Reporting requirements for program and fiscal data**

The PROVIDER shall comply with the following reporting and documentation requirements:

- a. Program reporting:
  - 1) Submit the quarterly LASR Agency Tracking Form within thirty (30) days after the end of each quarter,
  - 2) Provide quarterly written program reports within thirty (30) days after the end of each quarter,
  - 3) Submit a written year-end report within forty-five (45) days after the end of each twelve (12) month period of this Agreement, beginning August 15, 2007. The year-end report may include the fourth quarter report.
- b. Fiscal reporting:
  - 1) Provide Actual Expenditures and Income Reports as follows:

- a) Quarterly Actual Expenditures and Report for the period July 1, 2006 to September 30, 2006, by October 31, 2006,
- b) Thereafter, monthly Actual Expenditures and Income Reports beginning October 2006 up to, and including, June 2011.
- c) Submit program and fiscal reports in the format prescribed by the DDD to the Case Management and Information Services Branch, Contracts and Resource Development Section, 3627 Kilauea Avenue, Room 411, Honolulu, Hawaii 96816.
- d) The required content and format of all reports shall be subject to ongoing review and modification by the DDD. All program and fiscal reports shall be subject to resolution of the DDD's findings and recommendations resulting from program monitoring and fiscal monitoring of the PROVIDER's services.

## **8. Pricing structure or pricing methodology to be used**

- a. The pricing structure is based on a fixed unit of service rate. Seventy percent (70%) of the funding amount shall be available to fund direct client supports. A fixed rate of thirty percent (30%) of the funding amount shall be used to fund the agency's allowable administrative fees, which is inclusive of an accommodation rate for unfilled slots. The total compensation of direct client supports and allowable administrative fees shall be limited to the contract amount. The STATE reserves the right to modify the accommodation rate for unfilled slots.

The approximate amount of funding for LASR by geographical area is projected to be:

<b><u>Geographical Area</u></b>	<b>1<sup>st</sup> Year</b>	<b>2<sup>nd</sup> &amp; 3<sup>rd</sup> Year</b>	<b>4<sup>th</sup> &amp; 5<sup>th</sup> Year</b>
Kauai (12.5 slots)	\$131,575	\$134,207	\$136,891
Oahu (73.5 slots)	\$773,661	\$789,134	\$804,917

East HI (7 slots)	\$73,682	\$75,155	\$76,659
West HI (1 slot)	\$10,526	\$10,736	\$10,951
Maui (1 slot)	\$10,526	\$10,736	\$10,951

#### **9. Units of service and unit rate**

\$10,526 @ 95 slots statewide

#### **IV. Facilities**

For LASR, the PROVIDER shall assure that facilities in the community where services are provided are Americans with Disabilities Act (ADA) compliant and accessible to the individuals and families/guardian.

#### **V. Acknowledgement**

The PROVIDER shall provide information to individuals and their families or circle members who are referred to the LASR program or request information about the program. The PROVIDER shall acknowledge on all printed materials, including program brochures and other publicly distributed matters, as well as at public presentations, that the LASR program is funded under a Purchase of Services contract with the Department of Health, Developmental Disabilities Division.

# **Section 3**

## **Proposal Application Instructions**

## Section 3

# Proposal Application Instructions

### General instructions for completing applications:

- Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.
- The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.
- Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section. **See sample Table of Contents**
- Proposals may be submitted in a three ring binder (Optional).
- Tabbing of sections (Recommended).
- Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.
- A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.
- Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.
- This form (SPO-H-200A) is available on the SPO website (for the website address see the Proposal Application Checklist in Section 5, Attachments). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.

### The Proposal Application comprises the following sections:

- Proposal Application Identification Form
- Table of Contents
- Program Overview
- Experience and Capability
- Project Organization and Staffing
- Service Delivery
- Financial
- Other

## I. Program Overview

Applicant shall give a brief overview to orient evaluators as to the program/services being offered.

## **II. Experience and Capability**

### **A. Necessary Skills**

The applicant shall demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services for LASR. For LASR, provide information related to facility and/or community based supports.

### **B. Experience**

The applicant shall provide a description of projects and/or contracts pertinent to the proposed supports. The applicant shall include points of contact, addresses, and phone numbers. The STATE reserves the right to contact references to verify experience.

Describe the following:

1. Knowledge of target population, e.g., DD/MR;
2. Past experience in person-centered, individualized service delivery approach;
3. Roles of individuals with DD/MR, parents, families, and advocates in provider organization;
4. Past experiences in provision of POS and/or Medicaid Waiver services, how long, brief synopses of monitoring reports and satisfaction surveys.

### **C. Quality Assurance and Evaluation**

The applicant shall describe its own plans for quality assurance and evaluation for the proposed services, including methodology. The description of the quality assurance and evaluation plans shall reflect the methods and strategies the organization uses to monitor, evaluate, and improve service delivery.

### **D. Coordination of Services**

The applicant shall demonstrate the capability to coordinate services with other agencies and resources in the community.

- a. Describe how provider works with community. Give one (1) example of a project/initiative that increased community visibility of individuals with DD/MR;
- b. Describe provider's access to generic community resources. Give one (1) example of a generic community resource that PROVIDER

has developed a relationship with, which resulted in “easy” access to for individuals with DD/MR.

#### **E. Facilities**

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the proposed service. If facilities are not presently available, describe plans to secure facilities. Also describe how the facilities meet ADA requirements.

### **III. Project Organization and Staffing**

#### **A. Staffing**

##### **1. Proposed Staffing**

The applicant shall describe the proposed staffing pattern, client/staff ratio and proposed caseload capacity appropriate for the viability of the services. (Refer to the personnel requirements in the Service Specifications, as applicable.)

##### **2. Staff Qualifications**

The applicant shall provide the minimum qualifications (including experience) for staff assigned to the program. (Refer to the qualifications in the Service Specifications, as applicable.)

#### **B. Project Organization**

##### **1. Supervision and Training**

The applicant shall describe its ability to supervise, train, and provide administrative direction relative to the delivery of the proposed services.

##### **2. Organization Chart**

The applicant shall reflect the position of each staff and line of responsibility/supervision. (Include position title, name and full time equivalency.) Both the “Organization-wide” and “Program” organization charts shall be attached to the Proposal Application.

### **IV. Service Delivery**

The applicant shall include a detailed discussion of the applicant's approach to applicable service activities and management

requirements from Section 2, Item III. - Scope of Work, including (if indicated) a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules.

A. The applicant shall describe the following for LASR:

1. Approach and strategy to meeting the goal of the service through its service activities. (Section 2. III. A – Goal of Service)
2. Capacity to provide the required service. (Section 2. III. A – Service Activities)
3. Ability to meet the minimum and/or mandatory management requirements for Personnel, Administration, Quality Assurance and Evaluation, Output and Performance/Outcome Measurements, Reporting Requirements for Program and Fiscal Data. (Section 2. III. B)
4. Development of a work plan, including implementation strategy that is logical and realistic in its timelines and schedules to accomplish the major service activities and tasks. (Section 2. III. A)
5. Clear description of work assignments and responsibilities. (Section 2. III. A)

## V. **Financial**

### A. **Pricing Structure**

Applicant shall submit a cost proposal for LASR utilizing the pricing structure designated by the state purchasing agency. The cost proposal shall be attached to the Proposal Application.

All budget forms, instructions and samples are located on the SPO website (see the Proposal Application Checklist in Section 5 for website address). The following budget forms shall be submitted with the Proposal Application:

SPO-H-205  
 SPO-H-206A  
 SPO-H-206B  
 SPO-H-206C  
 SPO-H-206D  
 SPO-H-206E  
 SPO-H-206F  
 SPO-H-206G



SPO-H-206H  
SPO-H-206I  
SPO-H-206J

**B. Other Financial Related Materials**

**1. Accounting System**

In order to determine the adequacy of the applicant's accounting system as described under the administrative rules, the following documents are requested as part of the Proposal Application (may be attached):

- a. Most recent audited or compiled financial statements.

**VI. Other**

**A. Litigation**

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain.

# **Section 4**

## **Proposal Evaluation**

## Section 4

# Proposal Evaluation

### I. Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly, and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

### II. Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three (3) phases as follows:

- Phase 1 - Evaluation of Proposal Requirements
- Phase 2 - Evaluation of Proposal Application
- Phase 3 - Recommendation for Award

#### Evaluation Categories and Thresholds

##### Evaluation Categories

##### Possible Points

##### **Administrative Requirements**

##### **Proposal Application**

##### **100 Points**

Program Overview	<u>0 points</u>
Experience and Capability	<u>20 points</u>
Project Organization and Staffing	<u>15 points</u>
Service Delivery	<u>55 points</u>
Financial	<u>10 Points</u>

##### **TOTAL POSSIBLE POINTS**

##### **100 Points**

### **III. Evaluation Criteria**

#### **A. Phase 1 - Evaluation of Proposal Requirements**

##### **1. Administrative Requirements**

1. Application Checklist
2. Registration (if not pre-registered with the State Procurement Office)

##### **2. Proposal Application Requirements**

- Proposal Application Identification Form (Form SPO-H-200)
- Table of Contents
- Program Overview
- Experience and Capability
- Project Organization and Staffing
- Service Delivery
- Financial (All required forms and documents)
- Program Specific Requirements (as applicable)

#### **B. Phase 2 - Evaluation of Proposal Application (100 Points)**

**Program Overview:** No points are assigned to Program Overview. The intent is to give the applicant an opportunity orient evaluators as to the service(s) being offered.

##### **1. Experience and Capability (20 Points)**

The STATE will evaluate the applicant's experience and capability relevant to the proposal contract, which shall include:

**A. Necessary Skills (Section 2. III. A)**

- The applicant demonstrates skills, abilities, and knowledge relating to the delivery of the proposed services for long-term supports for both facility and/or community based supports.

5 Points**B. Experience (Section 2. III. B. 5)**

- Knowledge of target population, e.g., DD/MR;
- Past experience in person-centered, individualized service delivery approach;
- Roles of individuals with DD/MR, parents, families, and advocates in PROVIDER organization;
- Past experiences in provision of POS and/or Medicaid Waiver services, how long, brief synopses of monitoring reports and satisfaction surveys.

5 Points**C. Quality Assurance and Evaluation (Section 2. III. B. 3)**

- Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology. The proposal describes how the applicant plans to implement its quality assurance, evaluation, and improvement in the delivery of services.

5 Points**D. Coordination of Services (Section 2. III. B. 6)**

- Demonstrated capability to coordinate services with other agencies and resources in the community.
- Describe one (1) example of a project/initiative where the applicant worked with the community that resulted in increased community visibility of individuals with DD/MR.
- Describe one (1) example of a generic community resource that the PROVIDER has developed a relationship with, which resulted in "easy" access for individuals with DD/MR.

3 Points

**E. Facilities (Section 2. IV)**

- Facilities are adequate relative to the proposed services.

2 Points**2. Project Organization and Staffing (15 Points)**

The STATE will evaluate the applicant's overall staffing approach to the service that shall include:

**A. Staffing (Section 2. II. A & III. B. 1 & 2)**

- Proposed Staffing: The proposed staffing pattern is reasonable to insure the health and safety of individuals, and the viability of the service.
- Staff Qualifications: Describes the minimum qualifications (including experience) for staff assigned to the program.
- Administrative staff: The proposal describes the administrative staff that will support the program.

5 Points3 Points2 Points**B. Project Organization (Section 2. II. A & III. B. 1 & 2)**

- Supervision and Training: Demonstrates the ability to supervise, train, and provide administrative direction to staff relative to the delivery of the proposed services.
- Organization Chart: Provides a clear description of the functions and staffing of the organization for the overall service activity and tasks.

3 Points2 Points

**3. Service Delivery (55 Points)****(Section 2. 1. D & III. A & III. B)**

- The applicant demonstrates the ability to meet the minimum and/or mandatory management requirements:
  - o Personnel; 1 point
  - o Administration; 1 point
  - o Quality Assurance and Evaluation; 3 points
  - o Output and Performance/Outcome Measurements; 3 points
  - o Reporting Requirements for Program and Fiscal Data. 2 points
- Demonstrates the capacity to provide the required service. 10 points
- Provides a logical work plan for the major service activities and tasks for LASR, including:
  - o Addressing the target population: 2 points
  - o Addressing Full Time Equivalency; and 3 points
  - o Description of how LASR will be developed and implemented, including the approach and strategy to meeting the goal of the service. 15 points
- Provides a clear description of the work assignments and responsibilities. 10 points
- The work plan submitted detailing the development and implementation of the service is realistic in its timelines and schedules. 5 points

**4. Financial (10 Points) (Section 3. V)**

- The budget fully supports the scope of service and requirements of the Request for Proposal, is reasonable, given program resources and operational capacity. 7 points
- Adequacy of accounting system. 3 points

**C. Phase 3 - Recommendation for Award**

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

# **Section 5**

# **Attachments**



# **Section 5**

## **Attachments**

- A. Proposal Application Checklist
- B. Sample Table of Contents
- C. Sample Actual Expenditure Report and Instructions

# Proposal Application Checklist

Applicant: \_\_\_\_\_

RFP No.: \_\_\_\_\_ 501-3

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the state purchasing agency as part of the Proposal Application. \*SPO-H forms are located on the web at <http://www.spo.hawaii.gov> Click Procurement of Health and Human Services and For Private Providers.\*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
<b>General:</b>				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	<b>X</b>	
Proposal Application Checklist	Section 1, RFP	Attachment A	<b>X</b>	
Table of Contents	Section 5, RFP	Section 5, RFP	<b>X</b>	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	<b>X</b>	
Registration Form (SPO-H-100A)	Section 1, RFP	SPO Website*	<b>(Required if not Registered)</b>	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO website)*		
Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions is applicable, Section 5		
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions, Section 5		
SPO-H-206A	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206B	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206C	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206D	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206E	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206F	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206G	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206H	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206I	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206J	Section 3, RFP	SPO Website*	<b>X</b>	
<b>Certifications:</b>				
<b>Federal Certifications</b>				
Debarment & Suspension		Section 5, RFP		
Drug Free Workplace		Section 5, RFP		
Lobbying		Section 5, RFP		
Program Fraud Civil Remedies Act		Section 5, RFP		
Environmental Tobacco Smoke		Section 5, RFP		
<b>Program Specific Requirements:</b>				
Most recent audited or compiled financial statements			<b>X</b>	

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**Sample**

Organization: \_\_\_\_\_  
RFP No: \_\_\_\_\_ 501-3

## **Proposal Application Table of Contents**

<b>I.</b>	<b>Program Overview.....</b>	<b>1</b>
<b>II.</b>	<b>Experience and Capability .....</b>	<b>1</b>
	<b>A.</b> Necessary Skills .....	2
	<b>B.</b> Experience .....	4
	<b>C.</b> Quality Assurance and Evaluation .....	5
	<b>D.</b> Coordination of Services .....	6
	<b>E.</b> Facilities .....	6
<b>III.</b>	<b>Project Organization and Staffing.....</b>	<b>7</b>
	<b>A.</b> Staffing .....	<b>7</b>
	1. Proposed Staffing .....	7
	2. Staff Qualifications .....	9
	<b>B.</b> Project Organization.....	10
	1. Supervision and Training .....	10
	2. Organization Chart (Program & Organization-wide) (See Attachments for Organization Charts)	
<b>IV.</b>	<b>Service Delivery.....</b>	<b>12</b>
<b>V.</b>	<b>Financial .....</b>	<b>20</b>
	See Attachments for Cost Proposal	
<b>VI.</b>	<b>Litigation .....</b>	<b>20</b>
<b>VII.</b>	<b>Attachments</b>	
	<b>A.</b> Cost Proposal	
	SPO-H-205 Proposal Budget	
	SPO-H-206A Budget Justification - Personnel: Salaries & Wages	
	SPO-H-206B Budget Justification - Personnel: Payroll Taxes and Assessments, and Fringe Benefits	
	SPO-H-206C Budget Justification - Travel: Interisland	
	SPO-H-206E Budget Justification - Contractual Services – Administrative	
	<b>B.</b> Other Financial Related Materials	
	Financial Audit for fiscal year ended June 30, 1994	
	<b>C.</b> Organization Chart	
	Program	
	Organization-wide	
	<b>D.</b> Performance and Output Measurement Tables	
	Table A	
	Table B	
	Table C	
	<b>E.</b> Program Specific Requirements	

# LONG-TERM ADULT SUPPORTS AND RESOURCES

STATE OF HAWAII  
DEPARTMENT OF HEALTH

PROGRAM: LASR  
ASO LOG NO.

## ACTUAL EXPENDITURES AND INCOME

Name and Address of Provider	<div style="display: flex; justify-content: space-between; font-size: small;"> <span>___ 07/06-09/06</span> <span>___ 10/06</span> <span>___ 01/07</span> <span>___ 04/07</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span></span> <span>___ 11/06</span> <span>___ 02/07</span> <span>___ 05/07</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span></span> <span>___ 12/06</span> <span>___ 03/07</span> <span>___ 06/07</span> </div>			
COST CATEGORY	Prior Period (1)	Current Period (2)	Yr to Date (1+2) (3)	Annual Budget
<b>A. PERSONNEL COSTS:</b>				
Salaries			0.00	
Payroll Taxes & Assessment			0.00	
Fringe Benefits			0.00	
<b>TOTAL PERSONNEL COSTS</b>	0.00	0.00	0.00	0.00
<b>B. OTHER CURRENT EXPENSES</b>				
Airfare, Inter-Island			0.00	
Airfare, Out-of-State			0.00	
Audit Services			0.00	
Contractual Services-Administrative			0.00	
Contractual Services-Subcontracts			0.00	
Insurance			0.00	
Lease/Rental of Equipment			0.00	
Lease/Rental of Motor Vehicle			0.00	
Lease/Rental of Space			0.00	
Mileage			0.00	
Postage, Freight & Delivery			0.00	
Publication & Printing			0.00	
Repair & Maintenance			0.00	
Staff Training			0.00	
Subsistence/Per Diem			0.00	
Supplies			0.00	
Telecommunication			0.00	
Transportation			0.00	
Utilities			0.00	
Direct Client Supports			0.00	
			0.00	
			0.00	
			0.00	
<b>TOTAL OTHER CURRENT EXPENSES</b>	0.00	0.00	0.00	0.00
<b>C. EQUIPMENT PURCHASES</b>			0.00	0.00
<b>D. MOTOR VEHICLE PURCHASES</b>			0.00	0.00
<b>TOTAL OPERATING COSTS: (A+B+C+D)</b>	0.00	0.00	0.00	0.00
<b>INCOME UNDER PROGRAM</b>				
Income Under Contract			0.00	
Other Income				
<b>Total Income</b>	0.00	0.00	0.00	
<b>Fund Balance ( Deficit)</b>	0.00	0.00	0.00	

Declaration: I declare that this report, including any accompanying schedules or statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete report, made in good faith, for the period(s) stated.

Signature

Date

Title

**Long-term Adult Supports and Resources  
Instructions for Completing  
ACTUAL EXPENDITURES AND INCOME**

<b>ASO Log No.:</b>	Enter the ASO Log No. identifying the Agreement/Contract.
<b>Name and Address of Provider:</b>	Enter the Providers name and address.
<b>Report Period:</b>	Place an X for the report period.
<b>Column (1)</b>	Prior Period. Enter the prior period (year to date) amounts for the cost item listed under Cost Category.
<b>Column (2)</b>	Current Period. Enter the current period actual expenditures amounts for each cost item listed.
<b>Column (3)</b>	Year to Date. Enter the sum of Column (1) and Column (2) for each cost item listed.
<b>Annual Budget</b>	Enter the requested annual budget amounts for each cost item listed.
<b>TOTAL OPERATING COSTS: (A+B+C+D)</b>	Enter the sum of the subtotals for Cost Categories A, B, C and D, for columns (1), (2), (3) and Annual Budget.
<b>INCOME UNDER PROGRAM</b>	Enter all revenues received under this Agreement for columns (1), (2) and (3).
<b>Fund Balance (Deficit)</b>	Enter the difference between Total Income and Total Operating Costs for columns (1), (2) and (3).
<b>Declaration</b>	Signature of person who prepared the actual expenditures and income report. Enter the date and title.
<b>SPECIAL INSTRUCTIONS:</b>	<p>The actual expenditures and income report shall be for a twelve (12) month period ending June 30<sup>th</sup> of each fiscal year of this Agreement.</p> <p>Cost items under B. OTHER CURRENT EXPENSES are examples. Providers may delete the cost items from this report and replace them with the Providers own cost items.</p>